DOCUMENT RESUME

ED 377 610 EC 303 537

TITLE	Doing Things Differently: Issues & Options for Creating Comprehensive School Linked Services for Children and Youth with Emotional or Behavioral Disorders.
INSTITUTION	Maryland Univ., College Park. Inst. for the Study of Exceptional Children and Youth.; Westat, Inc., Rockville, MD.
SPONS AGENCY	Office of Special Education and Rehabilitative Services (ED), Washington, DC. Div. of Innovation and Development.
PUB DATE	Jun 94
CONTRACT	HS-90-0500.01
NOTE	91p.
PUB TYPE	Viewpoints (Opinion/Position Papers, Essays, etc.) (120)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Agency Cooperation; *Behavior Disorders; *Change Strategies; Community Programs; Cultural Differences; *Delivery Systems; Educational Change; *Educational Planning; Educational Policy; Elementary Secondary Education; *Emotional Disturbances; Family Involvement; *Integrated Services; Program Development; Student Educational Objectives; Teacher Education

ABSTRACT

This document assists with the development of comprehensive, coordinated, school-linked services for students with emotional/behavioral disorders (EBD). Part 1 provides awareness of issues involved in creating comprehensive flexible programs for students with EBD. It begins with a discussion of specific problems: unserved students, cultural bias, failing programs, and a lack of comprehensive educational programs. A new vision for a system of coordinated flexible services is presented, emphasizing that schools must educate all children, that increasing diversity of students brings new challenges to schools, and that these problems require a coordinated and interdisciplinary community response. Major tasks that must be accomplished to realize the new vision include: (1) create a flexible system of services across agencies, disciplines, and settings; (2) create a service support system that includes families; (3) establish outcomes for students that reflect broad educational and treatment goals; and (4) improve the training of educational personnel. Part 2 presents policy options that respond to the issues, extracted from actual programs operating in selected communities across the United States. Part 2 is designed to stimulate problem solving and lead to strategic planning efforts. It provides a framework for decision making with regard to program and system change. Following each set of options, specific strategies and implications are presented and briefly discussed. (JDD)

ED 377 610

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

Doing Things Differently

ISSUES & OPTIONS

For Creating Comprehensive School Linked Services for Children and Youth with Emotional or Behavioral Disorders

EC 303537

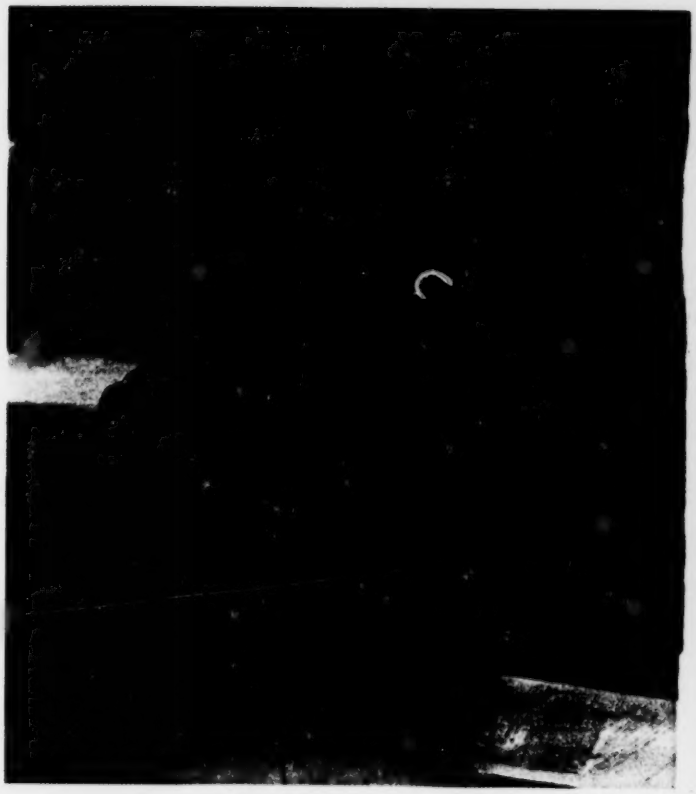
University of Maryland at College Park
In affiliation with Westat, Inc.

BEST COPY AVAILABLE

DOING THINGS DIFFERENTLY

ISSUES & OPTIONS

FOR CREATING COMPREHENSIVE SCHOOL LINKED SERVICES FOR CHILDREN AND YOUTH WITH EMOTIONAL OR BEHAVIORAL DISORDERS



DEVELOPED BY:

MARGARET J. McLAUGHLIN

PETER E. LEONE

SANDRA HOPFENGARDNER WARREN

PATRICIA F. SCHOFIELD

JUNE 1994

UNIVERSITY OF MARYLAND AT COLLEGE PARK

AND WESTAT, INC.

The Center for Policy Options in Special Education was funded by the Division of Innovation and Development, Office of Special Education and Rehabilitative Services, U.S. Department of Education (Contract #HS 90-0500.01) to provide an opportunity for leaders in regular and special education to jointly address pressing policy issues facing special education within the context of educational restructuring. The goals of the Center are to foster communication between regular and special educators through the identification of options for state and local policymakers to consider in three areas: school-site restructuring, outcome assessments, and students with severe emotional or behavior disorders.

The Center is based at the University of Maryland at College Park and is a collaborative effort with Westat, Inc. Points of view or opinions stated in this document do not necessarily represent the official agency positions of the U.S. Department of Education.

UNIVERSITY OF MARYLAND

MARGARET J. McLAUGHLIN

PETER E. LEONE

SANDRA HOPFENGARDNER WARREN

PATRICIA F. SCHOFIELD

SEBASTIAN PASCO

WESTAT, INC.

MARSHA BRAUEN

THE CENTER FOR POLICY OPTIONS
IN SPECIAL EDUCATION
INSTITUTE FOR THE STUDY OF EXCEPTIONAL
CHILDREN AND YOUTH
UNIVERSITY OF MARYLAND AT COLLEGE PARK
COLLEGE PARK, MARYLAND 20742-1161

This book has been graphically coded to help you find the information you are looking for. Each of the separate issues and options have been marked with shapes as follows:

Create a flexible system of services across agencies, disciplines, and settings;

Create a service support system that includes families;

Establish outcomes for students that reflect broad educational and treatment goals; and

Improve the training of educational personnel.

These shapes can be found next to the page number on the right-hand page, as well as scattered on the page in the design.

A graphic code is also provided to help you find the two halves of the book. The issues half is marked with a gray bar on the lower half of the right hand page, the options half is marked with an orange bar on the lower half of the right hand page.

CONTENTS

Introduction 1

Part I: Issues in the Education of Students with Emotional or Behavioral Disorders 5

Problems with Current Services 6

Problem 1: Unserved Students 7

Problem 2: Cultural Bias 11

Problem 3: Failing Students or Failing Programs? 13

Problem 4: A Lack of Comprehensive Educational Programs 16

A New Vision for Educating Students with Emotional or Behavioral Disorders 18

Creating a Framework for the New Vision 20

Issue 1: Create a Flexible System of Services Across Agencies, Disciplines, and Settings 21

Issue 2: Create a Service Support System that Includes Families 24

Issue 3: Establish Outcomes for Students that Reflect Broad Educational and Treatment Goals 29

Issue 4: Improve the Training of Educational Personnel 32

Part II: Options Related to the Education of Students with Emotional or Behavioral Disorders 37

Issue 1: Create a Flexible System of Services Across Agencies, Disciplines, and Settings 39

Options:

A. Range of Services 39

Create a Range of Services with Demonstrated Effectiveness 40

B. Fiscal Resources 41

Develop State and Local Policies that Promote Financial Flexibility 42

Develop Procedures for Funding Services to Children and Youth and Their Families that Support Flexibility and Create a "Seamless" Service System 43

Create Policies and Procedures to Ensure Fiscal Accountability 44

C. Eligibility for Services 45

Create a Shared Information System to Facilitate Eligibility Decisions and the Coordination of Services 46

Establish a Common Set of Procedures for Determining Eligibility for Services that Can Be Used Across Agencies and Can Be Easily Accessed by Families and Service Providers 47

D. Organizational Structures 48

Review and Revise Existing State-Level Interagency Agreements Concerning Child and Family Services to Determine How They Can Provide Responsive, Coordinated, and Comprehensive Family Supports 49

Create Formal Interagency Agreements at the Community Level that Involve All Stakeholders and Require Schools and Other Agencies to Coordinate Services 50

Create Mechanisms as well as Incentives for Collaboration Among Community Schools and Agencies and Other Organizations 52

Issue 2: Create a Service Support System that Includes Families 57

Options:

Create Formal Written Policies in Collaboration with Families Who Represent the Diversity of Their Communities 58

Require that the Development and Review of Service Plans and Service Delivery Must Involve the Substantive Participation of Family Members 60

Create Methods for Informing and Educating Family Members and Others About Coordinated Services 62

Create Formal Information Mechanisms to Provide All Agency Personnel, Consumers, and Private Providers with Clear, Timely Information Related to Changes in the Structure of Services 63

Issue 3: Establish Outcomes for Students that Reflect Broad Educational and Treatment Goals 67

Options:

Establish a Core of Educational Outcomes for Students with EBD to Ensure Positive Learning Experiences Across All Programs and Settings 68

Define Family Outcomes that Make Family Service Plans Functional and that Hold Agencies Accountable 69

Establish a Locus of System Responsibility for Attainment of Outcomes for Each Student and His or Her Family 70

Develop Policies, Procedures, and Service Delivery Mechanisms with Explicit Goals and Expected Outcomes for Consumer Involvement and Satisfaction 71

Issue 4: Improve the Training of Educational Personnel 75

Options:

Create Personnel Policies that Support Collaboration Among Educational and Other Service Providers 76

Create Mechanisms for Professional Development that Support the New Systems and Develop Competency in Collaboration 77

End Notes 80

Contributors 82

This document is the culmination of a two year investigation into the issues related to serving students with emotional or behavioral disorders (EBD) and preventing serious behavioral problems in the schools.

This document is intended to encourage and assist with the development of comprehensive, coordinated, school-linked services for students with emotional or behavioral disorders (EBD). The ideas are presented for policymakers, administrators, and others responsible for programs that serve students with EBD and for those concerned with preventing serious behavioral problems in the schools.

The document is divided into two main parts: Issues and Options. Part I promotes awareness of the issues involved in creating comprehensive, flexible programs for students with EBD. It begins with a discussion of specific problems associated with services for children and youth with EBD: unserved students, cultural bias, failing programs, and a lack of comprehensive educational programs. Following this is a new vision for a system of coordinated, flexible services to meet the needs of students and families.

The last section of Part I presents major issues that must be dealt with if the new vision is to be realized. These issues are grouped around four critical tasks:

- Creating a flexible system of services across agencies, disciplines, and settings;
- Creating a service support system that includes families;
- Establishing outcomes for students that reflect broad educational and treatment goals; and
- Improving the training of educational personnel.

After a brief description of these major tasks and others related to them, there is a list of the barriers to action. All of the issues in Part I were identified through discussions with over 150 educators, mental health professionals, advocates, and juvenile justice representatives as well as parents and family members.

Part II of this document presents policy options that respond to the issues and are grouped around the same four critical tasks found in Part I. These options have been extracted from actual programs operating in selected communities across the U.S. Part II is designed to stimulate problem-solving and lead to strategic planning efforts. It also provides a framework for decisionmaking with regard to program and system change. Following each set of options, specific strategies and implications are presented and briefly discussed.

You may use this document as a whole or as a collection of separate discussions. Each section can stand alone, but together they present a comprehensive picture of the issues and options involved in delivering services in a new and more effective way.

Who Might Use the Issues and Options?

This document has been developed for the policymakers and administrators who participate in the design and implementation of programs for children and youth with EBD and is intended to help them conceptualize and initiate the process for creating a system of school-linked services.

Ultimately, educators, mental health professionals, social workers, and individuals in juvenile justice, public health, and similar agencies must come together to create a common vision for how the services will be provided. Individuals within agencies at state or regional levels will also need to become involved.

For schools to improve, educational administrators must provide capable leadership. They must understand and facilitate group processes and must provide the motivation and direction to ensure that everyone involved in change continues to move through the sometimes arduous process of redefining roles and developing collaboration. This document is intended to guide them through this process.

The information presented in this document focuses on schools because they are a common and consistent experience in the lives of children and families. This does not imply that the schools must assume total responsibility for addressing the mental health and other social needs of students. Many problems presented by students with emotional or behavioral disorders have their origins in the community; many of

the solutions to those problems require coordinated community responses. However, a central theme of this document is collaboration across disciplines and agencies. Without creating new ways of providing services to students, schools will continue to be overwhelmed by the magnitude of the needs of troubled and troubling students, and these youths and their families will continue to be inadequately served.

A Focus on Creating Comprehensive Educational Programs

This document focuses on developing comprehensive educational programs for students with EBD. Such programs are built upon a new vision for special education. This vision is grounded in the belief that schools must educate all children and that children are becoming increasingly diverse, bringing many new challenges to schools. Furthermore, education for all children must become outcome-driven, meaning that students will need a broad and balanced curriculum and a climate of high expectations and accommodation of individual needs to attain the skills necessary for successful transition into adulthood.

For children with EBD, this vision recognizes the critical importance to students and their families of a host of non-educational services, such as mental health, social services, health, and juvenile justice.

Further, the vision requires educators to become members of a team of professionals from different disciplines and agencies working together to support each child and his/her family. The vision is not constrained by artificial boundaries between agencies, nor the existing policy structures in education, mental health, or other agencies. Instead, agencies come together at the service site to share resources and decisionmaking and create personalized education programs.

How Does This Vision Relate to Efforts to Restructure Education for Students with Disabilities?

Creating coordinated school-linked service systems can be an integral part of overall educational restructuring, particularly as it relates to creating educational systems that are inclusive. For students with EBD, the goal of being educated totally within the "regular" school is elusive. Many of those students have been removed from their schools and home communities for non-educational reasons because existing family structures are unable to cope with the challenging behaviors of the student. For other students, separation from the mainstream of non-disabled students may be required to provide a certain level of structure.

Yet, for students with EBD, who have traditionally had some of the poorest school outcomes, it is critical that educational programs focus on the same high expectations and provide a rich array of alternative academic and vocational options regardless of setting. School-linked services become part of an overall framework for restructuring. This means that the services should not be something that only EBD students get, but should be included in the vision and the outcomes that are guiding the system's restructuring efforts. Coordinated service systems must be viewed as another part of the overall restructuring effort.

Which Students Are We Talking About?

Issues concerning who should be included in this vision are complicated by problems within the regulatory structures of many of the educational and other human service agencies that restrict services to specific eligible populations. Eligibility criteria differ across agencies as well as within special education. The vision cannot be restricted to only students who have been identified as Seriously Emotionally Disturbed under the Individuals with Disabilities Education Act (IDEA). Other students with emotional or behavioral problems can also be included. In fact, prevention of more serious emotional or behavioral problems should be part of the model.

In this document we describe a child as having an "emotional or behavioral disorder" or "EBD" if he/she displays any of a range of problem behaviors in school. A subset of all students with EBD are identified as being Seriously Emotionally Disturbed or "SED."

The behavior of students with EBD has been described in a number of different ways by professionals. The broadest division is typically between children and youth who externalize or act out and those who internalize and may withdraw from age-appropriate social interactions with others. These two broad categories include problems that range from aggressive and psychotic behaviors to inadequate, immature,

and depressed behaviors. Some children with EBD exhibit attentional deficits, have significant learning problems, and achieve at rates below their age-mates.

Why Would I Want to Become Involved in Developing Comprehensive School-Linked Services?

Educators need to become involved because what we are doing now doesn't work. This document cannot create the will to change nor can one document provide the motivation and commitment necessary to undertake a major rethinking of how special education is serving students with EBD. It is only a starting point. The issues, options, strategies, and examples can provide some insight into which areas are necessary to change and can suggest ways to make changes, but only the commitment of a core group of individuals will make the difference.

Education Cannot Do This by Itself!

Educators cannot be solely responsible for creating a comprehensive educational program that links services. Yet, this document is written from the perspective of the educational administrator and policymaker as a catalyst for change. Education is often viewed as an inflexible, rule-bound system driven by curriculum and not by the needs of individual children and their families. Nationally, this perspective is changing as educational systems are restructuring and more school districts are adopting policies that are child- and family-centered. Yet, to move to a broader vision of education will entail collaboration with many agencies beyond the school and will require a new way of doing business on the part of everyone involved.

What Does It Mean to Collaborate Across Agencies?

Collaboration across agencies is a cornerstone of building school-linked services. Collaboration means more than cooperation. Collaboration means developing common goals and new organizational structures and operating procedures that work together to holistically address the needs of children and their families. It means sharing resources, decisionmaking, and leadership.

Collaboration takes time and it requires opportunities for professionals to develop a common language and an understanding of how each discipline approaches a problem. Collaboration is not "group think" nor does it mean that the result must be a change in everything an agency does. In fact, it should result in better definitions of current roles, shared beliefs about how best to educate students with EBD and serve their families, and a commitment to doing things more efficiently and with better outcomes.

How Can I Begin the Process at a Community Level?

If special education administrators take the lead, they must start talking to mid-level managers in other agencies (such as mental health, social services, juvenile services). Begin the discussion by identifying issues or concerns and then discuss goals for respective agencies (e.g., saving dollars, responding to a rapidly changing student and community population, dealing with high dropout rates). Each person may bring different issues to the table; everyone must be heard. You may only need one or two others to begin but you need to be committed to change and to doing things differently. Identify key supports in the community - principals, parents, advocacy groups, and other community action organizations can be strong allies.

Elected officials and other administrators within general governments can be very important. For example, juvenile courts can be a very strong influence on what happens to many adolescents with EBD. Involve the Chief Juvenile Court Judge early in discussions of the vision and goals as well as how to collaborate with the courts to help define placements and services. Community foundations and community businesses can provide some seed money and can give credibility to the movement.

Building principals need to form networks with other principals and seek to make the changes.

There are a number of ways to get started, but it is important that key leaders in the community become involved and that they develop a common commitment to do things differently. This document provides a framework for starting the dialogue.

BEST COPY AVAILABLE

Part 1: Issues in the Education of Students with Emotional or Behavioral Disorders

The ideas presented here are meant to stimulate discussion among school, community, agency staff, and others interested in improving educational programs for students with EBD. This section helps focus attention on the obstacles to providing full educational services to a group of students who present major challenges to schools. It also offers an overall vision for a new and better way to educate children and youth with EBD.

Achieving the long-term goal of comprehensive, school-linked services involves many issues and will require significant changes. In this section, the issues and barriers to change are organized around four important tasks:

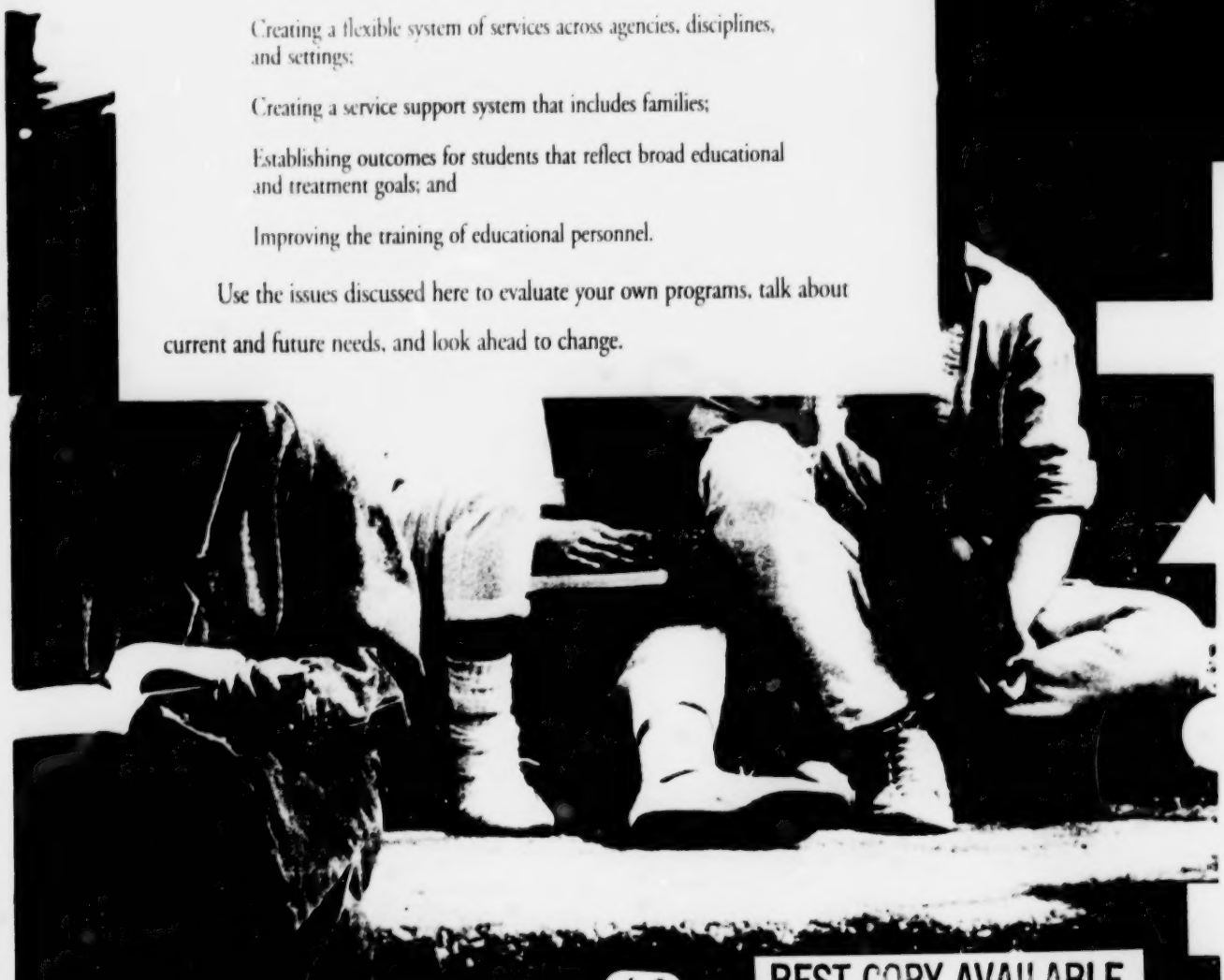
Creating a flexible system of services across agencies, disciplines, and settings;

Creating a service support system that includes families;

Establishing outcomes for students that reflect broad educational and treatment goals; and

Improving the training of educational personnel.

Use the issues discussed here to evaluate your own programs, talk about current and future needs, and look ahead to change.



BEST COPY AVAILABLE

PROBLEMS WITH CURRENT SERVICES

This section offers an overview of key problems in creating comprehensive educational programs for students with emotional or behavioral disorders. A series of critical obstacles and difficulties is presented that highlights the urgency of creating new educational program models and strategies.

Problem 1: Unserved Students

"What are we waiting for in our reluctance to initiate extensive evaluations? How bad does the student have to be before we begin to gather data in a systematic fashion?"

- A Psychologist

There are a number of concerns about who is and is not identified as needing services for emotional or behavioral disorders. For example:

Many mental health experts estimate that 7-8% of all school age students have emotional or behavioral problems serious enough to require some special intervention in school or in the mental health system.[1]

The Institute of Medicine and the Office of Technology Assessment state that 3% of all children and youth have **severe** emotional disturbance.[2]

- An estimated one fifth of youth between the ages of 12 and 17 have experimented with illegal drugs other than alcohol.[3]

About 13 per 100,000 youths between 15 and 24 commit suicide each year.[4]

During the 1992/93 school year, 8.3% of all students receiving special education were identified as being seriously emotionally disturbed. This represents fewer than 1% of the school age population. Over a third of all states have identification rates between .4 and .6%.[5]

Many special educators and mental health professionals are concerned about the low number of students identified as seriously emotionally disturbed (SED) and receiving special education services. This is attributed to the federal definition of SED. A primary problem with the current definition is the exclusion clause which states that students who are "socially maladjusted" may not be identified as SED. Further, unlike other categories of disabilities, this definition includes a subjective qualifier, "serious," that implies a degree or level of disability must be apparent before identification.

"When we see a student with behavior problems, we are most comfortable using the standard disciplinary procedures. We are very reluctant to initiate the extensive evaluations necessary to really get to the root of the student's problems."

- A Special Education Director

In addition, the costs and complexity of formal identification procedures required for eligibility under IDEA are also disincentives to identification of any but the most troublesome youth for special education. Additional factors contributing to under-identification include: reluctance of school personnel to identify students with emotional or behavioral disorders for special education unless they also have significant academic problems, fear that identification for special education services will limit use of the school's normal disciplinary procedures, and inadequate and costly mental health services.

Young children or children with incipient or developing problems are also often not provided any intensive services. Some attribute this to current program and policy constraints that require formal labeling of students to access services. School staff are often reluctant to apply a pejorative label such as Seriously Emotionally Disturbed to young children. As a result, there are few prevention programs in the schools and very limited screening for emotional or behavioral problems.

While some educators are concerned about too few students being identified and served, others point to the gender and racial characteristics of those students who are being identified as SED or as emotionally disturbed as a major problem. As examples:

- About three fourths of all students identified as SED are male; this is the highest proportion of males to females in any of the disability categories.[6]
- Over one fourth of all students identified as SED are African-American yet these students represent only 12% of the total school-age population.[7]
- Students with SED are more likely to come from single parent families; over two thirds are from homes with annual household incomes of less than $25,000.[8]

17

Problem 2: Cultural Bias

The racial and socio-economic characteristics reported for students with SED versus other students have been attributed to factors in the homes and communities of these students, particularly the lack of adequate medical care and nutrition, the overall stress of poverty and unsafe neighborhoods, and the inability of parents to provide sufficient supervision and care. However, a number of researchers have also suggested that the disproportionate numbers of non-white and non-middle class males in programs for students with SED reflect a larger cultural bias on the part of the schools. The behaviors and language "styles" of African-American students from non-middle class backgrounds are frequently interpreted as challenges to authority and/or disordered or disturbed behavior.

Some believe females are under-identified because the emotional disorder either is more internalized and does not call attention to itself or is evidenced in sexual acting out. Female promiscuity and sexual activity are often viewed as a moral problem not as an indication of emotional disturbance.

19

Problem 3: Failing Students or Failing Programs?

Students with emotional or behavioral disorders are among the least successful students both while they are in school as well as after they leave. Data from a variety of studies, most notably the National Longitudinal Transition Study (NLTS), have documented the poor school performance and dismal outcomes for these students. For example:

> Students with EBD fail more courses and are retained in grade more than any other students with disabilities.[9]
>
> Only about 18% of youth identified with SED go on to college or vocational schools as compared to 22% of all students with disabilities.[10]
>
> Students with SED have difficulty maintaining jobs; about three fourths of all these students were employed at the time they left school, but only 44% still had jobs three to five years later.[11]
>
> About a fifth of all youth identified as SED have been arrested while in school and over a third have been arrested within two years of leaving school.[12]

The focus of many school interventions has been on specific behaviors through a major emphasis on behavior management. Frequently, a focus on management or compliance can overwhelm other aspects of a student's education, resulting in sparse attention to academics or career and vocational skill development. A national investigation of public school programs serving students with SED found that even exemplary programs over-emphasized behavior management and behavior control and provided limited academic and vocational opportunities for the students. In addition, despite students' alleged lack of social skills, few programs provided positive opportunities for these students to socialize with non-SED peers.

"We're never going to make significant progress in systemic collaboration if we can't agree on our target population and interagency cooperation."

- A Special Education Director

Researchers have cited the lack of precision in the interventions being applied in schools, as well as a lack of structured learning environments and schoolwide attention to emotional well being. Other problems include both the degree of segregation or separateness of public school programs, the lack of a full array of coordinated and integrated educational and mental health or other related services, the lack of a continuum of alternatives that focus on community-based programs, and the high costs associated with providing services such as psychiatric hospitalization or other residential options.

Almost 20% of students identified as SED are served in special schools, separate facilities, or homebound/hospital settings. This compares to 5% of students with other disabilities.[13]

Half of all students with disabilities in residential programs and about a fifth of all students in day schools are diagnosed as SED.[14]

Estimates are that 50% or more of all children in residential care were placed there because their communities lacked a full array of alternative services.[15]

In 1985 the cost of providing direct mental health services to children under the age of 14 was over 1.5 billion dollars. About 1 billion is spent annually for residential treatment and psychiatric hospitalization of children and youth.[16]

School districts pay an average of $50,000 for each student placed out of his or her home.

Little data exist on the effectiveness of the residential placements and there is little continuity of programming across settings.

"Connections with school are often severed when a student is in crisis and enters a residential program. At the very time that continuity is critical, there is little if any fit between school and educational services in the residential program."

- A Building Principal

As schools become more competitive academically, there is concern that there could be even less tolerance for disruptive behaviors. Furthermore, many of the problems exhibited by EBD students transcend traditional educational interventions. Family and community involvement will be necessary parts of a student's program. Yet, too often schools are ill-equipped to respond to diverse needs. In summary, the educational problems experienced by students are often indicators of problems with educational programs.

Problem 4: A Lack of Comprehensive Educational Programs

Too many of the current programs and services being offered are fragmented, segregated, and tend to focus only on small slices of a child's behavior. Frequently, program emphasis is on management, control, and removing the source of stress from the school rather than comprehensive education and treatment. There are programs for special education students, programs for violent or aggressive youth, programs for adjudicated youth, programs for potential drop-outs, and other specialized services for youths considered to be "at risk." All involve the sorting and tracking of students and provide poor role models as well as opportunities to learn more disruptive behaviors. Yet, placement is not the sole consideration. The opportunity to learn and be challenged is foremost. The focus should be on promoting positive outcomes – defining them in collaboration with families and other service providers and monitoring them to ensure continuity and stability in programs across settings. A wide array of community-based services must be in place to support the attainment of those outcomes, and those services must be developed collaboratively.

"Do we ever stop to think how fragmented our programs are? What if ***we*** *tried to negotiate our admission mazes to get different services? I think we'd have a very different perspective."*

- An Agency Administrator

What is needed is a new vision for educating students with emotional or behavior disorders.

A NEW VISION FOR EDUCATING STUDENTS WITH EMOTIONAL OR BEHAVIORAL DISORDERS

To address the often challenging needs of students with EBD, educators must ensure that every school, in cooperation with the local community, has the capacity to provide an array of services to all students and their families. This must be done in such a way that those students can achieve positive outcomes related to academic and/or vocational competence, social behaviors, citizenship, and physical health and well being. For students with emotional or behavioral disorders to achieve these positive educational outcomes, schools also must engage in supporting families through the coordination and integration of educational, health, and social services.

A comprehensive and coordinated system must:

- Provide a set of broad and balanced curricula accessible to all students that is culturally sensitive and addresses higher order skills such as creative problem-solving and critical thinking as well as subject matter knowledge in basic academic content, functional living skills, and career and vocational areas;
- Offer engaging subject matter that is challenging, and reflects high expectations for achievement by all students;
- Offer an array of services which are provided collaboratively and involve all education personnel, other community agency personnel, as well as families in their design and implementation;
- Use a variety of effective instructional strategies and other interventions to accommodate the needs of diverse students and their families;
- Provide a high quality staff of culturally competent professionals across all agencies with differentiated skills who can deliver an array of education and family support services; and
- Engage in continuous monitoring of progress of all students and ensure accountability on the part of all agencies.

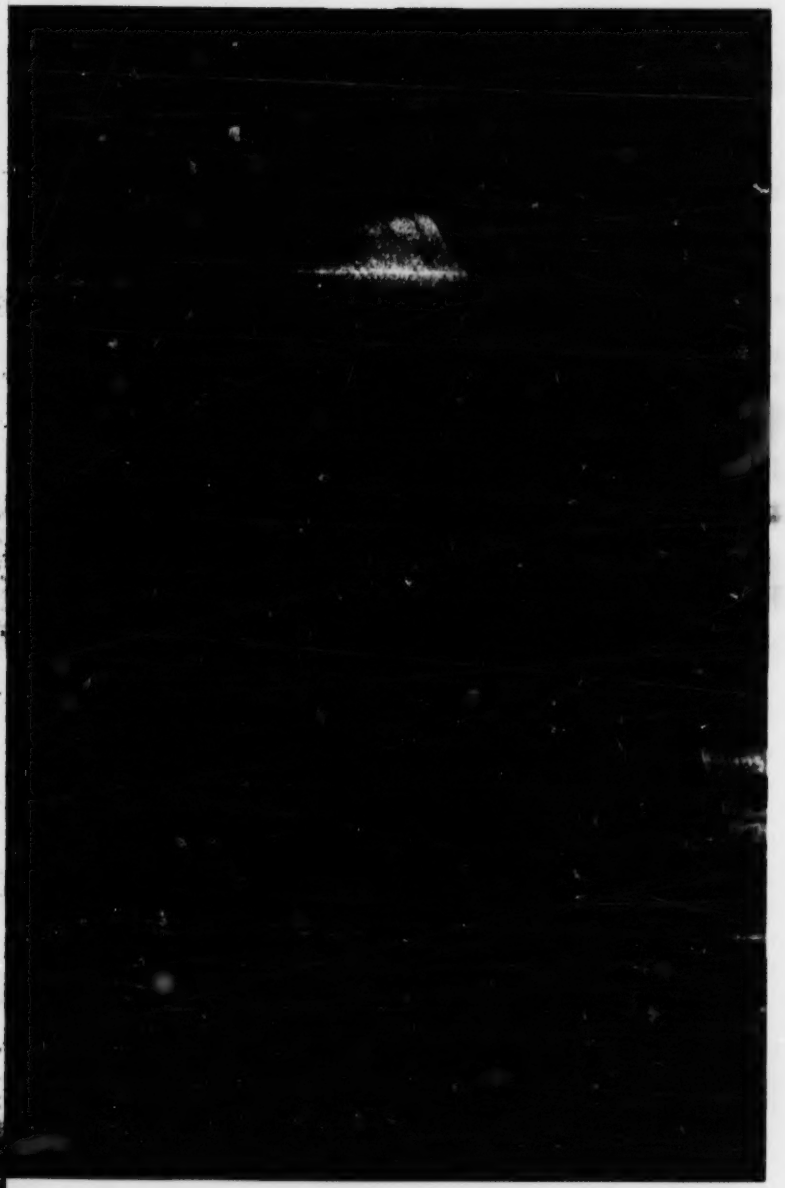
"We offer services to fit our 'professional' schedules and then we wonder why families don't find the services responsive to their needs."

- A Mental Health Professional

Achieving this coordinated and flexible system of services will require collaboration among disciplines within communities as well as regionally and at the state levels. Institutions that train the teachers, psychologists, social workers, and other specialists will also need to support this mission. This effort will require commitment, energy, and time.

Creating a Framework for the New Vision

Four major issues currently associated with the new vision have been identified by those who have contributed to this document. These issues are presented as a framework for assessing current programs, discussing barriers to action, and focusing on crucial tasks.



Issue 1: Create a Flexible System of Services Across Agencies, Disciplines, and Settings

Students with emotional or behavioral disorders frequently require a range of services that cut across many disciplines as well as agencies. Traditional systems are organized along discrete philosophical beliefs and are guided by specific funding and regulatory requirements. These factors create independent agencies with well-drawn boundaries that are difficult for any but the most tenacious clients to cross. Schools, since they frequently see all children and youth, are confronted with the problems of how to access a full menu of services for students who need assistance from the various agencies. While all of the services need not be provided within the neighborhood school, it makes sense that the school must be an integral part of a coordinated service plan. The central issue is how to maintain a connection between schools and communities in order to provide the types of services students with emotional or behavioral disorders and their families need.

In order to create such systems:

We need to support multi-agency coordination to provide the services required by many troubled youths and their families.

Services or interventions available in any one agency tend to be limited to a restricted range of needs or clients; therefore, some students' problems can never be fully addressed at any one place.

Services provided through multiple agencies often are fragmented, uncoordinated, and guided by differing orientations, different interventions, and often competing student or client outcomes.

Negotiating the maze of services is impossible for many families and case managers - it takes knowledge of the system and a great amount of time and perseverance. Families without those resources do not seek needed services or follow-through with planned interventions.

The range of family support services is very limited in some communities; yet, families often have multiple needs and frequently the family's and the student's needs are inter-related.

Lack of communication and service coordination, such as a single point of entry among agencies, impedes child find and hinders early intervention or prevention.

"In my classes, not one kid was ever white. Don't the white kids need special help? When I was little, I thought it was probably because we [the black students] had birth defects or something, I don't know.

"Then I started thinking that there must be something else, some prejudice about us. You know why? I saw that we could walk like the other kids, we could talk like the other kids, and the other kids, they had bad tempers, too.

"I know that's how it is here. But you can't convince me that something is wrong with me inside."

- A Student

We need to create fiscal, eligibility, and related policies that support coordinated service delivery.

Current program regulations and funding structures often inhibit service coordination. Students must go through separate eligibility determinations; some programs are available only to adolescents or adults, while others serve only individuals with severe problems. Creating a menu of options that can be coordinated at the school level becomes a bureaucratic impossibility.

Health insurance restrictions on mental health services prohibit many employed parents from obtaining needed services since they do not qualify for subsidized or government-sponsored programs.

Coordination of services frequently is not guided by an individual service plan or by case management.

Hospitalization or placement in high cost restrictive settings usually occurs after a crisis and is not linked to educational programs. Students move across settings with no continuity in instructional programs and no continuity in staff.

Issue 2: Create a Service Support System that Includes Families

The education and treatment goals for students with emotional or behavioral disorders should almost always include home and community adjustment and involve their families. Rarely are the "problems" isolated in the school; rather, the student frequently presents problems to the family and community at large. Yet, finding sufficient family support services is regarded by many educators, families, and professionals as an issue of crisis proportions. In addition, education has neither the resources nor the mission of securing family services.

Therefore:

We need to expand the vision of "education" to provide full services to families, including crisis intervention and other short-term crisis support.

- Services such as screening, education, or therapy are rarely if ever provided in homes. Respite care and crisis intervention are restricted or unavailable and support groups and information regarding existing resources are rarely available. This is particularly true of non-traditional educational services such as 24-hour crisis intervention, respite care, health and nutrition education, suicide prevention, grief therapy, and parenting education skills which are rarely provided as part of a school program.

We need to assess the capabilities and needs of the student's family.

Families often are viewed as dysfunctional. Service systems need to assess families in terms of the support they can give their child and identify those supports they might need. Families often report that they are made to feel that they have failed to raise their children properly or are at fault for their child's problems. Services are rarely built on family strengths.

"A kid comes into the school and he looks funny, different from the other kids. They don't like him. The teacher automatically puts a label on his head – this kid has a disability. So the teacher treats him like a baby, and the kid thinks, 'Why is she doing this?'

"This happened to me. My conclusion is that I hate the word 'disability.' Please don't use it! Also 'emotionally disturbed' – really bad. Society is telling a person he has errors.

"Once I saw a report saying that I was emotionally disturbed and not fit for a regular class. That report had 50 things that were wrong with me and nothing good. I wanted to say to them, 'Emotionally disturbed doesn't mean a person has no feelings that can be hurt by reports like this.'

"All these code words – they mean somebody is having trouble dealing with you. So when you hear them, watch out because they're getting ready to put you into a separate room."

- A Student

- School-based assessments tend to focus on the individual student's deficits and/or abilities and can ignore the classroom, home, and community ecologies that provide the context for behavior.
- School-based "assessment" of family status frequently is culturally biased and does not recognize increasingly common non-traditional family structures.

  Families who are perceived as having fewer initial resources (e.g., money or education) or those with non-traditional life styles may be the target of too much intervention such as removing the child from the home. In contrast, higher income parents who don't want the stigma of involvement may not receive services that they need.

- Families who are not eligible for publicly financed social services struggle with a number of issues with insurers regarding what services are covered by existing policies.

- Families frequently are not considered a resource or as collaborators in the planning of services for their children.

- Parents and families frequently receive little or no information about causes of emotional disorders or about the education and treatment their children receive.

- Child abuse is a common denominator for some students with serious emotional or behavioral disorders, and abuse occurs more frequently when the stress within families increases.

- Services frequently are available only on an agency's timetable without regard for when families need the intervention such as crisis support which may be required at any time of the day/night.

- School-based prevention programs rarely are available to assist families with coping skills, advocacy, and behavior management.

- Culturally and linguistically appropriate support for families is often not available.

We need to provide specialized programs for youth including foster care and group homes.

- Critical shortages of temporary or long-term community-based, stable specialized foster care and other living alternatives (group homes) for students with emotional or behavioral disorders preclude development of stable home environments and continuity in care.

- Adequate community recreation and leisure activities are unavailable for many disadvantaged youth; consequently, these youths have much unstructured and unsupervised time, creating opportunities to engage in criminal activity and other antisocial behavior.

BEST COPY AVAILABLE

Issue 3: Establish Outcomes for Students that Reflect Broad Educational and Treatment Goals

Student outcomes establish the direction of instructional programs. The outcomes that should guide programs for students with emotional or behavioral disorders must reflect program goals related to academic and vocational skills as well as personal, social, and community adjustment. Specific interventions such as behavior management or social skills training should not be implemented in a haphazard or idiosyncratic manner. They should support a broad and balanced curriculum. Emotional well-being, which should be valued for any student, frequently is perceived in education to go beyond those educational outcomes for which educators view themselves accountable. Accountability for outcomes is also a critical part of making services work for students with emotional or behavioral disorders. Establishing accountability requires identifying a set of measurable outcomes as well as identifying who shall be held accountable for monitoring progress toward those outcomes. Establishing accountability for outcomes when multiple agencies and disciplines are involved can be difficult. Yet, common outcomes can facilitate development of a shared language and can provide continuity across programs. Outcomes can also help set expectations for students and establish program standards.

"I don't like to say it, but sometimes I think all I had to do was sit there and I'd end up in special ed anyway. I have a difference, and it comes out as not the way that boys should be. The kids couldn't deal with it and the teachers couldn't deal with it, either."

- A Student

We need to establish outcomes that promote positive and authentic learning.

Some students with emotional or behavioral problems are not held to the expectations established for all students or are held to unrealistic standards.

Frequently, outcomes established by schools that focus entirely on academic performance do not address emotional or behavior adjustment.

Outcomes related to social competence frequently are not culturally sensitive and have not been validated by families that live in the school community.

Academic outcomes for many students with emotional or behavior disorders are based on basic skill acquisition and are neither challenging nor reflect critical skills such as problem solving, making judgments, and critical thinking.

Vocational education frequently is overlooked as a critical outcome of education for students with severe emotional or behavior disorders.

We need to ensure that students with emotional or behavioral disorders participate in outcome assessments and that scores be systematically reported.

Students with disabilities, including those with emotional or behavioral problems, frequently are exempted from system-wide assessments and from any reports of those assessments.

There is no current agreement regarding which important or expected outcomes for programs developed for students with serious emotional or behavior disorders can be used to hold programs accountable. Thus, there are no standards that can be used to evaluate program success within schools and across districts.

The IEP often is inadequate as an accountability tool because student goals may be too narrow and only focus on one aspect of student behavior or what is provided by special education. Regular education's role or the role and expectations for other service providers are not addressed.

Efforts to protect client confidentiality can be an impediment to establishing and evaluating common treatment goals and outcomes.

Staff across agencies have differing perceptions of what students may need and what constitutes "successful" intervention and outcomes. These differences create differing and sometimes confusing approaches.

"Achieving a special education placement for my son was an ordeal that will affect our family forever. When he first entered school, his placement took two and a half years. During his teenage years, when his condition deteriorated and he needed a higher level of service, the process took more than a year.

"During that year, placement meetings were scheduled and rescheduled, and decisions were tabled at the least provocation. If he was hospitalized for short-term care, the process stopped. Reports from the doctors often took months to arrive.

"We were referred to a private school where he was found 'inappropriate' for their facility. We worked through the summer to assure a placement for September, but none was available. When his classmates returned to school, Dan again deteriorated and was re-hospitalized.

"Even though we knew a great deal about the laws, timelines for assessment, development of the IEP, and placement options, being knowledgeable did not help. There was always a reason for the delay which the school felt was legitimate. When we decided to hire a lawyer, placement occurred.

"After Dan was finally accepted at a private school the difficulties still weren't over. His learning disability code was dropped from his IEP each time it was re-written. Goals and objectives were changed without our knowledge. We were told that the school was accustomed to handling these cases and that they were the experts. Once again, everything was a struggle, and there was no partnership between us and our son's educators."

- A Parent

Issue 4: Improve the Training of Educational Personnel

A long-standing issue in the education of students with emotional or behavior disorders is the pervasive shortage of teachers as well as other specialists who can work with these most challenging students. The U.S. Department of Education estimated that during the 1991-1992 school year, 4,724 special education teachers were needed to teach students with SED.[17] A lack of qualified personnel often has been cited as among the chief barriers to the development of programs and the expansion of services. The shortage of these personnel are among the greatest in any area in education. While school districts report difficulties in attracting new teachers willing to work with students with emotional or behavior disorders, an alarming attrition rate exists among experienced personnel. They report feelings of isolation, discouragement, and "burn out." In addition, regular educators often are inadequately trained in how to manage behaviors or work with diverse learners.

Therefore:

We need to create incentives to attract professionals to teach students with emotional or behavioral disorders, particularly adolescents in urban or inner-city schools.

- There are few incentives such as salary differentials, payment of educational expenses, staff respite, and accrual of seniority across **all** teaching experiences to attract teachers to the field of behavior disorders, particularly those who are culturally and linguistically diverse.
- There is great variance in entrance and program completion requirements as well as teacher licensing and certification across various states and training programs.
- Training programs frequently operate in isolation and do not result in collaboration between college and university faculty and school district professionals.
- Professional preparation at the college level frequently is not cross-disciplinary. Students often do not develop skills in consultation and have limited opportunity to serve as case managers or to coordinate and collaborate with other professionals.
- Many new special education teachers are unprepared emotionally for the stress and rigors of working daily with students with severe behavior problems, particularly in urban settings and at the secondary level.
- Current professional training programs for all disciplines concerned with the education of students with EBD provide too few professionals to meet current needs.

"Of course I'm frustrated. I have students who need so much more than I can give them. There was a boy in my office this morning who's been in six different schools, retained twice, diagnosed with serious emotional disturbance, and he has a substance abuse problem.

"Who's going to help him? His parents try, but they're overwhelmed. I have teachers who are afraid of his outbursts. And we're getting no support from district special ed. Where's social services? Where's mental health services?

"This isn't an isolated case. There are other students here just like this boy, or in need of even more help. Kids who've been abused. Kids who may be committing crimes. Sometimes it breaks my heart. We're doing the best we can, but we can't do it alone."

- A Principal

Educational professionals do not receive adequate training in collaborating with families and assessing their needs.

Preservice training and professional development programs for general education teachers often do not prepare those professionals with strategies for responding to students with emotional or behavioral problems.

Parents and family members rarely participate in the training process or are provided an opportunity to share their view and concerns.

We need to restructure the workplace to support teachers of students with emotional or behavioral disorders.

Professionals often feel they have "failed" when students are moved from less restrictive to more restrictive placements.

Families are not included as trainers or recipients of high quality professional development in the school.

We need to increase communication among teachers and other specialists to promote collaborative planning and reduce feelings of isolation.

Professionals are frequently confused about their roles: special educators often serve as therapists, behavior managers, teachers, and social workers in various school settings.

Professionals frequently do not know which agencies or individuals have the knowledge, expertise, and resources to address specific needs or render assistance to students or to themselves.

Few opportunities exist within a school day for sharing and joint problem-solving among teachers and other staff. This is a critical need across school districts.

Part II: Options Related to the Education of Students with Emotional or Behavioral Disorders

The policy options presented here can help guide the creation of comprehensive, school-linked service systems. The options and related strategies are organized around the same four critical tasks discussed in Part I:

- Creating a flexible system of services across agencies, disciplines, and settings;
- Creating a service support system that includes families;
- Establishing outcomes for students that reflect broad educational and treatment goals; and
- Improving the training of educational personnel.

Each of the four option sections begins with a general discussion of one overall task, followed by specific actions that should be taken. For each action, there is a list of strategies as well as a list of possible implications of following the strategies. Each section ends with examples of current, working programs.

Use Part II as a resource for discussing change, solving problems, making decisions, and taking action. While not all options will apply or be within the control of particular administrators, the ideas offered here can help shape new and more [illegible] programs.

BEST COPY AVAILABLE

BEST COPY AVAILABLE

CREATE A FLEXIBLE SYSTEM OF SERVICES ACROSS AGENCIES, DISCIPLINES, AND SETTINGS

A. Range of Services

The core of a flexible system of services is an array of options that can respond to the diverse learning needs of EBD students. Critical areas such as academic skills, vocational and career skills preparation, and behavior supports need to be addressed in a comprehensive program. Programs which focus solely on managing behavior or providing counseling or therapeutic support are not sufficient for students who also need quality academic programs offering a broad curriculum with high expectations. At the same time, behavior supports and the management of disruptive behaviors must be a consistent goal across service providers and programs. A first step in the process of creating flexible service systems is to develop the vision for what options are necessary to fully educate students with emotional or behavioral disorders.

Option: Create a Range of Services with Demonstrated Effectiveness

Strategies:

Develop curriculum for students with emotional or behavior disorders that is based on sound practice and includes academic skill development, vocational/career competencies, and social and behavioral competencies.

Provide vocational and career education including job-site training and supports.

Provide systematic behavior supports that are used consistently across all school and extracurricular environments, and to the extent possible, the home and community.

Develop individualized procedures for managing violent, threatening, or otherwise excessive disruptive behaviors. Clearly articulate the procedures, including the various consequences, in the IEPs and other comprehensive family service plans.

Develop a full array of behavior management strategies and supports that are flexible and can be matched to a variety of settings.

Ensure that individualized programs addressing both behavior management and skills development are understood and appropriately implemented across various programs and service providers.

Implications:

There will need to be consistent communication and collaboration among all individuals who provide direct service to students.

Individual programs, such as education, mental health, etc. may need to examine and revise program goals in order to create greater consistency and flexibility.

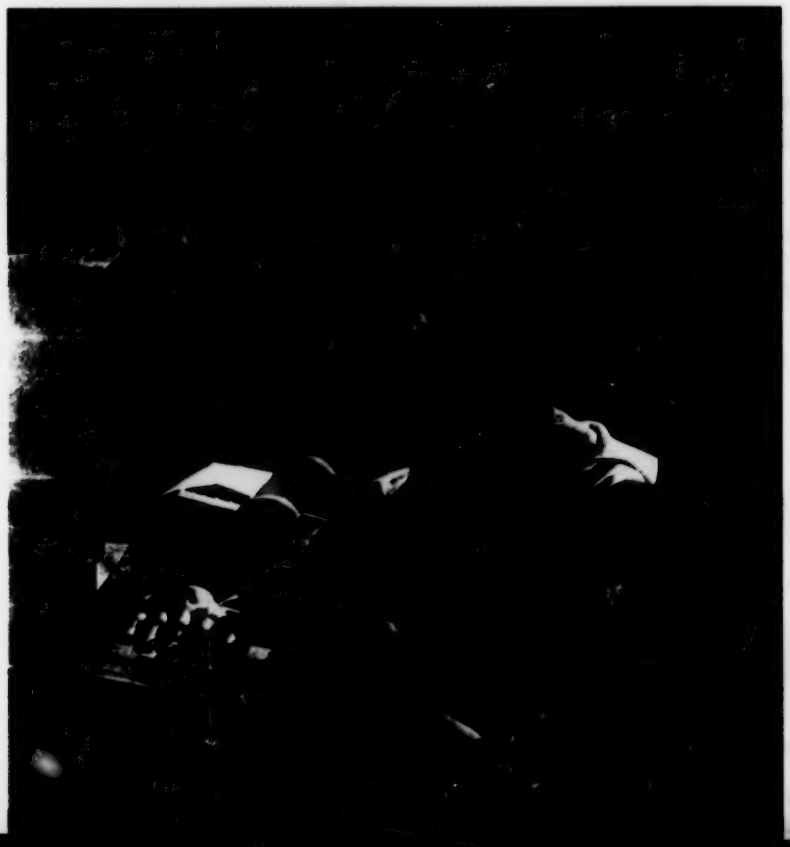
Professionals at the service level will need to have greater autonomy and decisionmaking authority to adjust individual student programs in collaboration with families.

Service providers will need to be knowledgeable about best practices within their own discipline as well as how to work as part of a team. This will require a great deal of joint professional development and ongoing support.

IEP policies and procedures will need to be examined and considered in terms of how disciplinary actions can be anticipated and agreed upon by all parties, including the family and the student.

B. Fiscal Resources

Critical to the creation of flexible school-linked services is a funding strategy that allows funds to follow children and families, provides incentives for providing lower cost community-based services including prevention, and permits local control or decentralization of funds to purchase services at the site closest to the child. Typically, service agencies control their own budgets, each of which is tied to a particular set of rules that define services and eligibility criteria and are grounded in certain beliefs about the mission for that agency. The result is fragmented services that are driven by available resources rather than what the child and family need. Current categorical funding strategies that restrict how and where funds can be used are designed to deflect change and are counterproductive to the vision of a coordinated service system. While these problems are rooted in the regulatory history and traditions of the various agencies, strategies exist that local level service providers can use to provide the flexibility.



Option: Develop State and Local Policies that Promote Financial Flexibility

Strategies:

Review and identify state and local agency funding barriers that restrict the development of the full range of resources required by families. This process should include representatives of social service, mental health, and other agencies.

Remove constraints through regulatory actions or waivers on the use of categorical funds, when necessary, to support family-responsive plans. Ensure collaboration across agencies throughout this process.

Develop agreements among state, regional, and local agencies that encourage or support the use of available resources such as discretionary funds or specific budget lines to fund responsive, coordinated service delivery to the families in each community.

Require or permit participating agencies to pool certain discretionary funds or a particular line item (such as residential services) which can be used to purchase services as needed for individual children and families.

Implications:

Clear guidelines will need to be developed around the fiscal responsibilities of families, private agencies, and public entities in providing resources for the plan.

Short-term strategies such as program waivers may be necessary to support innovation and change in programs. If new prototype programs are not supported by the state or federal agencies, no inroads can be made in addressing the major societal problems of troubled youth and their families.

Reorientation of services and retraining of staff will be necessary to promote successful practices.

Many agencies will be reluctant to provide detailed budget and related information and criteria for use in determining eligibility for fear of losing control of their own systems.

Some rules and regulations may need to be rewritten to authorize the use of public, family, and other funds for services.

State and local agency heads will have to provide support for flexible funding across agencies.

Option: Develop Procedures for Funding Services to Children and Youth and Their Families that Support Flexibility and Create a "Seamless" Service System

Strategies:

Develop strategies at the community level that include cost estimates and identify the source of funds to be used to implement individual service plans.

Develop clear guidelines that define specific financial responsibilities for each agency.

Implement a continuous review process to identify redundancies in services to effect cost savings. These dollars can be used to create services which currently are not available in the community.

Review and identify financial and human resources across agencies that are available to meet needs, and share that information on a community wide basis. Work with local agency representatives to require public disclosure of available funds and make these inventories available to service teams. Information about budgets or available funds must be current and must be at the level of the school or service team.

Divert funds formerly used to purchase high cost educational services to fund new service arrangements and school sites enrolling students. These dollars could only be used to build capacity to serve students with EBD. The non-educational funds should return to the community service team, allowing the team to purchase non-educational services for the student and his or her family.

Ensure that agencies and families clearly understand the areas of financial responsibility for each party.

Create incentives for providing services in community schools. Building principals and other service providers need incentives to develop innovative programs for educating students with EBD and their families. Often, when a student returns from a high cost and restrictive placement, the funds do not follow the student back to the school.

Implications:

Local developers of plans will need the authority to commit to the use of funds for plans.

Many agencies will be reluctant to "restructure" in order to respond to individual needs.

Many agencies will be reluctant to pool dollars over which they give up some measure of control.

It may be necessary to change laws, rules, and regulations to allow for the public display of cost data.

Staff and families will need to develop clear, realistic understanding of the limits in dollars of various systems.

Dollars will be redirected from more expensive placements and services (private schools and psychiatric hospitals) to local schools.

Option: Create Policies and Procedures to Ensure Fiscal Accountability

Strategies:

Create a data base of local service providers (private and public) and indicate types and frequencies of services available and fees. This database can be used by local service teams to purchase services.

Review client outcomes to examine the effectiveness of agencies, programs, or private contractors, and require cost benefits analyses of each provider's services to ensure high quality and cost effective services.

Review residential and high cost placements regularly to determine if and how students could be served closer to the community. An evaluation team should include staff from the student's home school or receiving school. When a student returns, the home school should receive the same portion of funds provided to the previous placement.

Develop data collection systems that are easy to understand. If data collection is to influence policy decisions, the system must generate aggregate data on placements, services, and associated costs. Much of the data can be collected from existing sources.

Implications:

The use of market forces in the implementation of plans may be resisted by some social service workers and agencies.

Some service providers may not elect to participate in the publication of current fee for service schedules.

Some public agency will need to accept responsibility for costs involved in the design and implementation of the data collection and analysis system.

C. Eligibility for Services

The goal of these strategies is to remove the barriers across agencies that restrict services to children and youth and their families. Existing eligibility criteria differ across agencies and often result in fragmented services and confused parents as well as professionals who are attempting to get services. The assessment procedures frequently are duplicative and of little education or treatment value, resulting in wasted resources. The key concept is to develop one process for determining eligibility for various services. This process must be flexible enough to allow the system to focus on secondary prevention of behavior disorders as well as serve a gatekeeping function to restrict indiscriminate use of high cost, complex interventions.

Option: Create a Shared Information System to Facilitate Eligibility Decisions and the Coordination of Services

Strategies:

Create a computerized system across agencies to share client information such as educational and service history and to provide ready access to each other's records.

Create shared confidentiality forms.

Develop common forms for assessments, service plans and other shared procedures. The IEP should complement these shared forms.

Make available eligibility information and criteria for obtaining services and ensure that all individuals who develop service plans understand the criteria.

Implications:

Developing a shared information system across agencies will require strong commitments from participating agencies.

On-going staff support and training may be necessary to establish the data base and to maintain it over time.

Working out procedures to share data across agencies may be a challenge. Without a common confidentiality form, clients' right to privacy can be used to block cooperation across agencies.

Option: Establish a Common Set of Procedures for Determining Eligibility for Services that Can Be Used Across Agencies and Can Be Easily Accessed by Families and Service Providers

Strategies:

Define education and other services in terms of their intended goals. Be clear about the goals of the services rather than who should receive them.

Make eligibility criteria across programs and agencies consistent. Likewise, the process for determining eligibility, including the use of common "intake" forms, needs to be streamlined across agencies.

Broaden the service definitions of "eligibility" to allow for a focus on prevention and to include those children and families who may need support to prevent reaching the point of diagnosis of EBD. Blending funds across educational programs as well as pooling funds and resources across agencies can offer greater flexibility to provide services to a wide range of students without forcing each student into a category.

Establish a policy of "zero-reject;" no one should be denied services or removed from the system of services because problems are considered to belong to some other discipline or agency.

Implications:

Systems must be willing to provide services to children and youth who were formerly pushed out of one agency and into another agency.

Staff across mental health, social services, juvenile justice, and education agencies will need joint training on new eligibility procedures.

Agencies working collaboratively will need to assess family needs in addition to youths' needs.

Because of limited resources, a local system of services may decide to focus energy on serving youths with the greatest needs before delving into interagency prevention efforts.

D. Organizational Structures

Interagency cooperation is an essential component in the development of family responsive services. That cooperation must take place at the federal agency level, state agency level, and local community level of operation as well as among the people who are charged with designing and delivering the services necessary to support children and families. Private organizations such as employers, insurance companies, service organizations, and churches also must join in the design and delivery of needed services. Until resources and supports are applied toward the same goals, the journey to develop the skills and competencies needed by children and youth with behavior disorders will be filled with detours, potholes, and missed turns. The process of changing organizational structures as well as policy and procedures can be very complex and can require time. However, more immediate changes can be made at the community service site if agency administrators come together to cooperate with the support of state agencies.

Option: Review and Revise Existing State-Level Interagency Agreements Concerning Child and Family Services to Determine How They Can Provide Responsive, Coordinated, and Comprehensive Family Supports

Strategies:

Review state-level policies in education and other human service agencies to identify barriers to providing services to families in a cooperative, cost efficient manner. Include family members and other stakeholders in the review process. Many state-level agreements among human service agencies do not currently include education.

Review existing state-level interagency agreements between education and other human service agencies to strengthen or create mandates that support the development of community-level service teams and the delivery of responsive, coordinated family services in each community.

Identify other relevant state-level commissions or boards (such as insurance oversight commissions) concerned with aspects of services to children and families. Review mandates and other policies to determine how they support or impede comprehensive, coordinated services.

Solicit input from families, advocates, service providers, and other stakeholders in the revision or creation of new state-level policies and agreements to ensure that they reflect better services, not just less expensive services.

Implications:

The process of reviewing existing program policies has occurred before; change will not occur at the community level unless policymakers and administrators at the state level develop a core set of goals and a commitment to collaboration.

Competition for resources and power within a bureaucratic hierarchy can thwart the spirit of collaboration.

The mandate for collaboration may have to come from the highest levels of state and the federal government and may ultimately require legislative and regulatory changes; this process is time consuming.

State-level mandates to cooperate will promote collaboration among local service providers and agencies.

Staff involved in reviewing existing state-level agreements have to believe that other ways of providing services are possible.

Option: Create Formal Interagency Agreements at the Community Level that Involve All Stakeholders and Require Schools and Other Agencies to Coordinate Services

Strategies:

Review all local or regional agency procedures and regulations to identify any restrictions which limit the ability of agencies to provide comprehensive services to children and youth and families in a cooperative, cost-effective manner.

Create interagency teams at county or regional levels, as well as at the service level to provide the mechanisms for collaboration. Include families and all other stakeholders in the planning process and ensure their representation on the teams.

Identify barriers to flexible, coordinated service delivery and seek waivers when required.

Develop a taxonomy of definitions and services across service providers to ensure that all agencies, organizations, and individuals use the same terminology. The taxonomy will assist in developing a proper cost accounting system and creating a public list of fees for service.

Develop a data base across agencies to facilitate the efficient sharing of information related to clients, policies, and procedures.

Require that all agencies and other providers participating as part of an interagency team contribute fiscal or other resources to provide integrated services. In some communities this may mean pooling funds; other communities may choose to designate responsibilities for specific services to certain agencies.

Develop a plan as part of the initial implementation process for the interagency teams. Identify activities to be accomplished, responsible parties, and time lines.

Identify the specific services and the individuals, schools, agencies and organizations, and consumer groups that are needed to provide a full array of services to children and youth with EBD and their families and identify the restrictions and capabilities of each of these organizations to provide expanded services. Collaborate with private providers to redefine or develop services to address barriers and unmet needs.

Keep the service provider and advocacy communities informed of changes as they occur.

Monitor and evaluate new administrative mechanisms to assess participants' involvement and satisfaction and client outcomes under the new coordinated systems. Determine how efficiently and effectively services are being provided.

Implications:

Comprehensive changes require major commitments of effort and resources from many groups. Therefore, those involved must agree at the outset that change is needed and should work toward creating a common vision.

A mandate to change the current delivery system may be required to effect such comprehensive changes. This mandate can come from local or state governments or consumer groups who demand an end to fragmented services.

Large-scale changes can produce a great deal of anxiety among professionals and confusion among clients.

Interagency collaboration redefines traditional service and political alliances and requires significant power sharing.

If restrictive federal, state, and local regulations cannot be changed, a simplified waiver process will be required.

Issues of confidentiality, responsibility, and legal and professional accountability will need to be addressed.

Additional support services such as specialized foster care or family-based respite services may need to be developed in the creation of a comprehensive, coordinated service system.

Option: Create Mechanisms as well as Incentives for Collaboration Among Community Schools and Agencies and Other Organizations (such as Churches, Service Clubs, Employers, Insurance Companies, and Private Health and Human Service Agencies)

Strategies:

Support dialogue among superintendents, school board members, education policymakers, and the community-at-large in assisting them to understand the linkages between comprehensive schools and high-achieving schools. Use local student outcome data to make the case for interagency collaboration.

Create a protocol for developing individual service plans that identifies agency and other community resources and identifies how those resources will be used to meet the requirements of the service plan.

Identify and engage community resources such as churches, community groups, families, and friends to create support networks for individual students and their families.

Establish a policy that requires all participating agencies to contribute to the development of comprehensive service plans.

Create incentives for collaboration among community-level agencies and service providers. Incentives can include flexibility in working hours, fiscal incentives, and recognition.

Provide opportunities for direct service professionals to meet and discuss collaborative strategies for serving students and families.

Implications:

Service restructuring will require a clear vision of the outcomes of educational and treatment progress for students with EBD and their families.

Families, advocates, service providers, and youth with EBD must be involved in defining the new organizational structures to ensure a partnership between communities, families, and professionals.

The new organizational structures will require a top-down and a bottom-up approach. That means that policy structures at the federal, state, and regional levels must be examined and revised to support the efforts of local service provider teams.

Many regulations and procedures of public agencies inhibit the development of community partnerships. Waivers may be required and the waiver process will need to be simplified and made known to everyone. Ultimately a change in state-level policies may be required.

The demands of developing new systems while continuing to operate old systems can strain already overextended agencies and service providers.

Interagency partnerships involving all stakeholders will require mutual respect among professionals and between professionals and consumers, improved planning and communication, and a great deal of time.

Regulatory requirements specific to one agency or entity need to be examined in terms of how they fit into the overall structure of coordinated services. For instance, there needs to be a conceptual link between IEPs and a multi-agency service plan or family focused plan.

Some professionals may resist the blurring of roles and responsibilities. Professional identity is very important. If changes are mandated that do not involve the input of service providers, individuals may behave in old ways within the new structures.

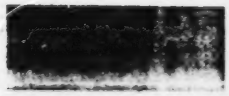
An ultimate goal of service integration is to have a single, comprehensive individual service plan for a child and his or her family. The plan will identify the goal or outcomes to be achieved, the services to be provided in reaching these goals, and the agencies or persons responsible for delivering these services. This integrated plan is a working document that guides the activities of all providers and family members. All individuals and agencies are accountable to this plan.

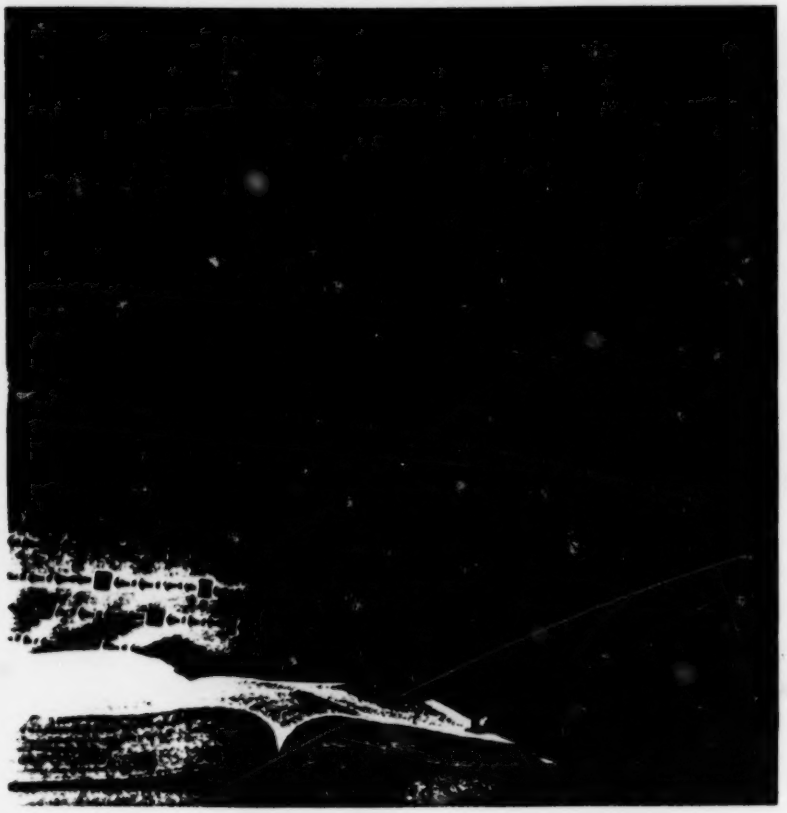
Virginia

In 1992, Virginia enacted the Comprehensive Services Act for At-Risk Youths and Families (CSYF). The purpose of the act is to reduce the cost of services while providing better and more collaborative services to youths and families. The Act intends to provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing needed services. A joint effort by the Departments of Social Services, Mental Health/Mental Retardation and Substance Abuse, Health, Education, Youths and Family Services, and the Virginia Supreme Court developed a funding formula in which state funds are allocated to each community to ensure that families and youth are provided appropriate services in the least restrictive environment, while making all attempts to preserve families, protect the welfare of children, and maintain the safety of the public. In each community, a Community Policy and Management Team with representatives from all of the major human services agencies is responsible for the allocation and expenditure of these funds. The CSYF act requires that a central system be established to track services and costs of services provided to troubled youths and their families. Because these services may be provided by a number of agencies in a collaborative manner, there is the basic requirement for a single intake point and the ability to share information. All youths served under this act are supported by a Community Assessment Team that includes a representative of each of the major human services agencies, a parent, and a representative of the private sector.

Tennessee

Tennessee implemented a "Children's Plan" in 1991, which provides for a major restructuring of its financing and delivery of services to children and families involved with four state departments: Education, Human Services, Mental Health/Mental Retardation, and Youth Development. All contracts for residential services were converted to a single state contract for a single daily rate. Claims processing was centralized with one department. Dollars budgeted for children's services in each child-serving department were pooled into a single children's account. Family preservation services were made available statewide so that every county has access to this service, ensuring that children get a uniform assessment regardless of where they enter the system. Assessment and Care Coordination Teams (ACCTs) established in many of the community health agencies across the state provide a single point of entry.





BEST COPY AVAILABLE

CREATE A SERVICE SUPPORT SYSTEM THAT INCLUDES FAMILIES

Families are critical to helping children become productive members of society. Yet, families of students with EBD face many challenges as they attempt to support their children in the schools. No single agency or organization has sufficient resources or responsibility to provide the full range of supports needed to assist a family that may be overwhelmed by the needs and demands of a child with severe emotional or behavioral disorders. Parents also perceive that professionals blame them for their child's problems. These children and their families often must interact with schools as well as a number of other private and public agencies. Any new configuration of services will require the input of families to ensure that all new policies and procedures support comprehensive and flexible services that respond to families.

Option: Create Formal Written Policies in Collaboration with Families Who Represent the Diversity of Their Communities

Strategies:

Broaden the concept of "families" to include those who support children on a consistent and ongoing basis. The composition of a "family" for each child or youth should be defined by that group of supporting individuals.

Acknowledge and respect the cultural diversity of children and their families and understand that cultural differences influence how professionals interact with families and how families choose to collaborate with agencies. Keep in mind that cultural diversity includes race, ethnicity, language, and economic status.

Develop a service philosophy in collaboration with family representatives and agency personnel that articulates values, principles, and practices for family involvement.

Develop a formal organizational structure that ensures the coordination of services to families, children and youth and includes representatives from schools, other agencies, consumer groups, and individual families.

Compensate family representatives on interagency boards for their time and provide other accommodations such as transportation, child care, or flexible meeting times to facilitate their participation.

Recruit family members as participants on all interagency teams and provide training to ensure their full participation.

Identify and use experienced family members as mentors to assist in bringing other family members into planning groups.

Include family members as participants in planning groups, policy committees, and interagency teams at both administrative and direct service levels.

Ensure that family members who are selected represent the community's culture.

Implications:

Providing information and other forms of assistance to family support and advocacy organizations will enhance their ability to advocate for the development and adequate funding of comprehensive services.

Policies mandating increased family involvement will require strong administrative support and direction so that family members can be involved in planning and decisionmaking processes traditionally reserved for professionals.

Some parents may choose not to actively participate in the decisionmaking process. When families are not participating in the process, schools should not assume a lack of interest in the child's program but should determine how to encourage parent participation.

Interagency teams will need to understand processes such as collaborative problem solving and conflict resolution in order to include all family viewpoints.

Family surrogates may need to be provided in some instances to ensure advocacy for families from all economic, linguistic, ethnic, and racial groups within the community.

Professional staff in many communities will have to become increasingly ethnically and linguistically diverse. All professionals will need an increased understanding of cultural diversity.

Some family members may need to be provided with education mentors and other supports in order to participate in collaborative planning. True family collaboration will take time to develop.

Option: Require that the Development and Review of Service Plans and Service Delivery Must Involve the Substantive Participation of Family Members

Strategies:

Create individual community-level service teams that develop and deliver responsive, coordinated service to families. Involve family members on the teams and empower these teams to design services around the needs of the family.

Develop, in collaboration with parents, written, individualized family service plans which address the educational needs of the child but also the supports needed by family members. Develop the plan in addition to the IEP or as part of the IEP agreement for those students identified as "disabled."

Include in the written service plans, goals and expected outcomes, specific actions, and the responsibilities of individual professionals, family members, and all agencies involved in implementing the plan. The plans should include timelines and criteria for review and evaluation.

Conduct focus groups or periodic, informal discussions between staff and family members to evaluate family perceptions of service accessibility, continuity, and responsiveness.

Ask family members what support, if any, they need to participate in meetings. This may include compensation for their time, providing transportation and/or respite care, or changing the time of meetings to accommodate parental work schedules.

Provide a comfortable room in the community (school, recreation center, public housing) dedicated for use by families to meet formally or informally to share their experiences and needs.

Create flexible work schedules, locations, and times for service delivery.

Ensure that professional language and terminology is understood by everyone who participates in collaborative planning. Some jargon can be changed while other language that varies from agency to agency may need to be explained.

Implications:

Enhanced family involvement will require a shift from the traditional model of "professionals as experts" to "families and professionals as allies." Respect for individuals needs to become a critical theme.

Meaningful family/professional collaboration at direct service and policymaking levels can be more time and labor intensive than traditional approaches, but should lead to more effective interventions.

Sometimes a significant adult in a student's life (parent, sibling, extended family member) can serve as a valuable communication link to better collaboration among those who are working with a student.

Families may need education related to developing service plans and evaluating outcomes.

Better informed families may increase pressure for a wider range of service options.

Developing individualized family service plans may initially incur additional service responsibilities and costs for agencies. Long-term savings should be realized.

Family-professional collaboration will require increased creativity and flexibility on the part of agencies and systems to accept and respond to the diversity of family needs and desires.

Involving families in service planning can lead to more innovative and non-traditional approaches to service delivery that may build on a family's strengths. This can represent a shift in focus for many professionals and will challenge them to examine their own perceptions and biases about families of students with EBD.

Option: Create Methods for Informing and Educating Family Members and Others About Coordinated Services

Strategies:

Assist in creating local family support groups, if possible, in collaboration with existing parent organizations.

Provide all families with information on their rights and responsibilities in obtaining services, and about the local service systems, service options, and the decisionmaking process.

Involve family members in team-building and leadership training sessions offered to agency staff.

Include family members on interdisciplinary training teams.

Disseminate information about the coordinated service delivery system to families, community members, and professionals.

Provide all consumers and staff with written information sheets on their rights and responsibilities at the onset of service and jointly review these on a periodic basis.

Pool resources across agencies to support dissemination activities and the education of families and other community members.

Allot a specific fixed time on the agenda of all service team meetings for family perspectives to be presented and discussed.

Support local and statewide family organizations by providing places to meet and donating resources (such as postage or copying).

Implications:

There may be initial resistance on the part of all stakeholders to sharing information and involving families as equal partners in the training and education process.

Families may be too overwhelmed or unaccustomed to collaborating with professionals to willingly share information and communicate. It will take time and support for families to become active participants.

Professionals may need to adjust attitudes and working relationships to promote more open communication.

Professionals need to be aware of cultural differences – their own as well as others.

There will be a need to develop an understanding of cultural diversity, how one's culture impacts what services are needed, and how individuals "should" interact with agencies.

There will be a need in some communities to recruit more culturally diverse professionals.

Option: Create Formal Information Mechanisms to Provide All Agency Personnel, Consumers, and Private Providers with Clear, Timely Information Related to Changes in the Structure of Services

Strategies:

Identify all private and public agencies, community organizations, and consumers who will be affected by a change in the delivery of services.

Create an information delivery system in the language of the community that is used to keep everyone informed of the change process. The system should be designed with input from families, community members, direct service providers, and other stakeholders to ensure that it responds to their needs.

Provide open forums for discussion and presentation of ideas and concerns.

Develop a marketing and information plan to inform the public about the proposed changes and the advantages of the new system. Involve the local media, including newspapers, radio, and television.

Identify local, regional and state individuals and groups whose support could facilitate the change process.

Use print as well as videos to convey the information about the changes to important stakeholders in the community.

Implications:

Information is power, and sharing information with families, clients, and the community will require power-sharing on the part of professionals.

Building local support can be critical to the change process. Advocacy groups and other organizations and individuals in the community can be powerful allies.

The media can be useful in focusing attention on the change process and positive results can help further the initiative.

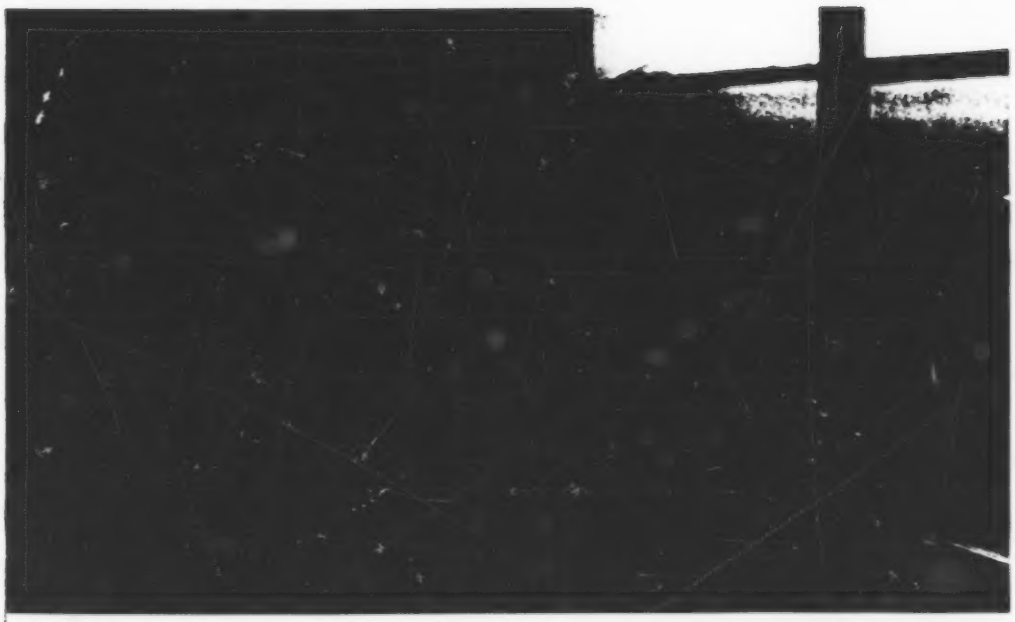
The process of building an information system and keeping the community informed is time-consuming and can be costly. However, stakeholder support is critical to any systems change effort.

Vermont's Child and Adolescent Service System Program (CASSP) is used to emphasize the family collaboration necessary for responding to the needs of children and adolescents with severe emotional disturbance and their families. Following a five-year federal CASSP grant, the state passed legislation that codifies the system of care for children and adolescents with severe emotional disturbance. Two state-level structures were created to oversee needed services. The first of these is a Governor's Advisory Board made up of five parents, five advocates, and five professionals responsible for making broad policy recommendations to the heads of the major child-serving agencies including the commissioners of education, mental health and mental retardation, and social rehabilitation services. The second is a State Interagency Team, which functions to: 1) implement state policy for children and adolescents with severe emotional problems, 2) resolve local problems in meeting the needs of the target population, and 3) monitor the state's wrap-around service programs.

This team consists of representatives of the state agencies mentioned above and a parent of the child who is experiencing severe emotional problems. Local interagency teams (LITs) will be established in each of the state's 12 districts. These teams, composed of local agency and parent representatives, are responsible for working together to deliver services to multi-need, cross-agency youth. Local treatment teams created to develop an individualized services plan can refer children, adolescents, and their families to the LIT for help in resolving problems of access to adequate service delivery.

New York

In Essex County, New York, the Families First Project developed a system of services for families with children with serious emotional or behavioral problems in a rural area with extremely limited resources. A process was established to enable parents to design and implement a system of care based on what parents said they needed and wanted. A Parent Planning Committee was established and parents were paid for each session plus money for mileage and child care reimbursement. The committee participated in designing a system of services based on input from extensive interviews with families in the area. An Interagency Task Force involving all child-serving agencies was also established and meets monthly. A center staffed by parents provides support and information. Two interagency teams meet monthly. One team focuses on individuals who are challenging to the system and the other on policy issues affecting families. Funds are earmarked that can be used in a flexible way to pay for wraparound services.



66

ESTABLISH OUTCOMES FOR STUDENTS THAT REFLECT BROAD EDUCATIONAL AND TREATMENT GOALS

The key to ensuring that newly designed comprehensive and coordinated systems serve students and their families effectively is a set of clearly defined outcomes. These outcomes need to be defined to ensure that students with EBD receive a broad and balanced curriculum that will work toward healthy behaviors by all students.

Given the poor post-school outcomes of students with EBD, it is critical that a new comprehensive system be focused on helping these students become competent adults. Systems need to develop outcomes that value academic, pre-vocational, and vocational competency as well as social and emotional adjustment. Managing socially inappropriate, impulsive, or rule-violating behaviors should be a means to helping students with EBD attain valued system outcomes. In addition, helping these students adjust to the school community will improve the outcomes for all students.

The outcomes should unify all service options and ensure continuity of curricula and educational experiences across settings. It is equally important that family services be outcome driven. The entire system as well as the individual agencies and providers within the system must be held accountable for ensuring that services are helping families move toward a set of clear outcomes. Defining outcomes will require stakeholder involvement and consensus among service providers. Yet, without a set of common outcomes, collaborative goal setting, the development of a common language, and systems accountability become difficult tasks.

Option: Establish a Core of Educational Outcomes for Students with EBD to Ensure Positive Learning Experiences Across All Programs and Settings

Strategies:

Establish outcomes for children and youth with EBD that reflect high expectations and broad educational skills and competencies as well as social and personal management. The latter outcomes could include participation in health and physical fitness activities, membership in a wide variety of group activities, and the maintenance of positive social relationships. These outcomes should be used across agencies to evaluate students' progress.

Establish measurable outcomes to evaluate systems in areas related to school participation, student and family satisfaction, use of out-of-school or private resources, student academic performance, and frequency of serious violations of school codes.

Incorporate educational outcomes (i.e., IEP goals) into individual student plans and family service plans and designate responsibilities for each participating agency and service provider.

Establish school-based behavior management plans that create collective responsibility among teachers, staff, other service providers, and families for students with EBD.

Create standards for performance or attainment of outcomes that increase teachers' expectations for students with EBD and promote students' self-confidence.

Use performance-based or other non-traditional assessments to monitor students' progress toward the attainment of educational outcomes across settings and placements.

Implications:

Family service plans may only focus on specific needs, such as respite care, and may not need to include educational outcomes.

This option can provide highly specific or focused outcomes that link to specific instructional programs and reflect the specialized skills and behaviors taught to students with EBD. However, this also can result in further separation of those students from the regular curricula and requires acceptance by parents and professionals.

Modification of the IEP may be required to incorporate the broader program outcomes.

The lack of a common set of accountability measures can promote the notion that students receiving special education are someone else's responsibility.

A unified set of outcomes can serve to unify services across agencies.

Professionals often feel that they have "failed" unless the student has fewer problems. Clearly stated expectations for programs and student outcomes can help staff recognize successes.

Fiscal responsibilities must be carefully delineated to clarify how each service on the overall service plan will be funded. Developers need to remember the IEP is one component of this overall plan.

Efficient and comprehensive data systems are necessary to track outcomes.

Option: Define Family Outcomes that Make Family Service Plans Functional and that Hold Agencies Accountable

Strategies:

Assess family service outcomes in ways that can be used to evaluate the systems and services to individual students and family members.

Define a core set of clearly stated and measurable outcomes in collaboration with families, relevant agency personnel, and other stakeholders. Such outcomes should include:

- supporting a family unit for the student;
- family responsibility for achieving selected outcomes;
- increasing positive responses to reasonable school, family, and community limits; and
- assessing family and student satisfaction with services.

Assess levels of supports available to individual families as part of the measure of system effectiveness. Indicators of system effectiveness could include types of services available, number of staff providing services, extent of cultural and linguistic match between clients and staff, and degree of collaboration among service providers.

Implications:

This new way of doing business requires a focus on outcomes rather than the traditional emphasis on process.

Assessing outcomes may be challenging and will require new strategies.

Defining the expected results or outcomes of family services can be value-laden and can create conflicts among professionals from different disciplines and between professionals and families.

Stakeholder involvement in defining outcomes is crucial but is time-consuming.

Option: Establish a Locus of System Responsibility for Attainment of Outcomes for Each Student and His or Her Family

Strategies:

Establish a unifying mission statement and goals for the coordinated interagency system to be used to guide evaluation of the comprehensive service system.

Identify individuals, within the collaborative system, who can monitor effectiveness and provide leadership.

Assess student and family outcomes regularly and review those assessments in relation to the system's mission and goals.

Use data from assessments to refine service plans.

Share responsibility for attainment of valued outcomes among leadership of all agencies and families. This means agency representatives need to review the progress data, revise plans for students and families, and redirect resources as needed.

Implications:

Success must be demonstrated through assessment of outcomes. Initially, some agency staff may need time and support to feel comfortable with being a part of an accountability system.

Universities or other external sources could provide valuable assistance by developing evaluation processes that address a variety of activities such as client outcomes, the collaboration process, cost benefits of certain services, consumer satisfaction, and quality of life of consumers.

Professionals may be resistant due to the time and resources required.

Option: Develop Policies, Procedures, and Service Delivery Mechanisms with Explicit Goals and Expected Outcomes for Consumer Involvement and Satisfaction

Strategies:

Create a written plan for family involvement that outlines expected activities and outcomes at the direct service and administrative levels.

Create accountability checklists for steps in the service delivery process that can be completed with family members to assess family satisfaction and involvement.

Require family membership on policymaking bodies and other advisory or interagency network teams. Provide a plan for recruitment, orientation, and effective participation of family members.

Review family involvement and perspectives as a regular agenda item at all interagency team meetings.

Organize family-member focus groups as part of the process of building an effective interagency service system.

Review existing agency procedures and policies with family members to identify gaps in services and to identify exemplary practices.

Establish clear statements of family responsibility as part of the interagency planning process. Tailor specific agreements to the individual family.

Involve local or state parent advocacy organizations in the review of interagency team policies and procedures.

Implications:

Agencies may resist active family involvement.

Systematic use of broad-based focus groups in the planning, delivery, and evaluation of services and programs can provide a rich source of information on family perceptions of effectiveness and consumer satisfaction.

The addition of family responsiveness accountability measures will add to time and paperwork requirements of administrators and direct service staff.

Family member involvement in developing accountability measures and procedures will help ensure such measures and procedures accurately reflect consumer perspectives.

Development of accountability procedures will maximize resources and reduce service redundancy and inefficiency.

Enhanced accountability procedures will help foster trust between agencies as well as between consumers and agencies.

Some family members may not want to participate and agencies need to acknowledge and accept this decision.

Multi-lingual accommodations may result in increased costs for written and verbal translations.

Michigan

The Michigan State Department of Education in collaboration with the Center for Quality Special Education developed, through broad statewide consensus, comprehensive sets of education outcomes for students in 12 disability categories recognized in Michigan. Students with emotional impairments have specific outcomes identified entering 4th, 6th, and 9th grades and exiting 12th grade. The outcomes are measured with exit performance assessments and performance checklists. Comparisons are made between expected and actual student performance, and are then used to identify program areas in need of improvement. The Program Outcomes Guide contains a full description of each expected outcome and a supplement that includes the assessment strategies. An example of an outcome for a student with emotional impairments is the ability to evaluate emotions and personal conduct. Two performance expectations for this outcome are: 1) Recognizes how various situations and environments affect his/her emotions and behavior choices, and 2) Generates alternatives for controlling and dealing with his/her feelings and behavior choices.

California

The Los Angeles County Office of Education, Juvenile Court and Community Schools publishes a School Accountability Report Card each year highlighting student achievement, numbers of students served, expenditures, and other significant information. A portion of the Report Card can be seen below.

1990 - 1991
School Accountability
Report Card
Assessment Areas

Juvenile Court and Community Schools

Report Card

Los Angeles County Office of Education

Student Achievement

The average student completing a six-month program:

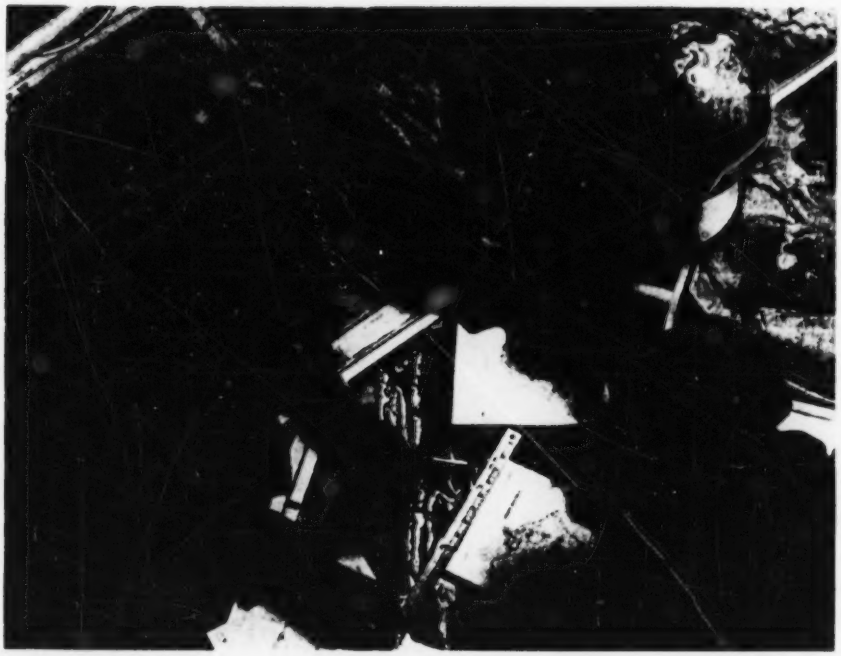
- Earned 45 high school credits
- Had excellent school attendance (attendance is mandatory)
- Improved his/her attitude toward school
- Exhibited appropriate school behaviors
- Gained two months academically for every month in our program

Other student achievements included:

- 120 high school diplomas
- 50 General Education Development (GED) certificates
- 20 California High School Proficiency Examination certificates
- Successful return to school district programs

An Official Publication

Los Angeles County Office of Education
9300 Imperial Highway
Downey, California 90242-2890



IMPROVE THE TRAINING OF EDUCATIONAL PERSONNEL

Competent personnel are the foundation of coordinated comprehensive interagency systems. The support for and capabilities of teachers, counselors, therapists, social workers, probation officers, and other professionals are critical to the success of a new system. Collaboration among professionals is central to coordinated service delivery. Professionals with different backgrounds, philosophies, and beliefs must come together to share their expertise as well as to develop a broader perspective and more communal responsibility for students and their families. True collaboration requires a shared language, shared goals, and respect for one another.

Change takes time, energy, and money. Professionals need ongoing support and professional development throughout the change process. Professional development requires a commitment of time and resources and professionals need to be involved in designing their own professional development activities collaboratively with experts.

In addition, state-level policies governing licensing or certification should not create barriers to collaboration. Approaches to professional training must promote communication and collaboration across disciplines.

Option: Create Personnel Policies that Support Collaboration Among Educational and Other Service Providers

Strategies:

Review existing state licensing and certification requirements to determine what, if any, barriers exist to collaboration at the community levels.

Review agency personnel policies or other agency requirements to determine how they might restrict flexible service delivery.

Modify personnel policies governing salaries, roles, and responsibilities if they affect collaboration among professionals.

Establish formal planning processes, with timelines to address needed changes.

Solicit involvement of state licensing and certification leadership in the change process.

Create teacher training programs at the college, university, and district levels that are standards based and allow for alternative entry into the teaching profession.

Implications:

State professional associations can provide a great deal of leadership and support in this change process. Without the support of these groups the process will probably be unsuccessful. Once these groups realize that a coordinated system includes more services, they should support the change.

Each discipline must see that training in collaborative planning and service delivery are in its own best interest and support collaborative training of professionals at the pre-service and in-service levels.

Option: Create Mechanisms for Professional Development that Support the New Systems and Develop Competency in Collaboration

Strategies:

Include specific training and skill development goals for staff pertaining to culturally competent collaborative work with families in job evaluations and job descriptions.

Involve family members, advocates, and consumers as trainers of professionals.

Provide formal and informal training for administrators, staff, and consumers in the philosophy, services available, procedures, requirements, and fiscal procedures involved in this service delivery approach.

Encourage universities to promote collaboration and to develop intern programs for human service and education professionals. These interns would be placed with collaborative, interagency teams.

Involve universities in the evaluation of the system as well as conducting research related to the provision of services.

Solicit support from professional organizations such as state associations of social work, counseling, psychology, and education for collaborative professional development.

Include culturally appropriate and culturally sensitive in-service and training in the professionals development plan.

Develop alternative collaborative training programs for teachers of EBD and related services.

Implications:

Professionals will need new skills in order to collaborate effectively with families.

Training across disciplines and agencies will promote common perspectives and treatment goals.

Professionals need time and opportunity to develop a common language and an understanding of how each discipline approaches a problem.

Professionals across agencies need to view themselves as members of a team that includes parents and that has primary responsibility for supporting each child and his or her family.

Training is necessary for persons responsible for monitoring and oversight of public services.

Time pressures will become immense as systems change and develop.

Teams must be developed and taught how teams work and how to participate equally in the process and the plan.

Changing employment contracts, rules, and other personnel policies may be very difficult. Waivers may be necessary to begin the process.

Colleges and universities need to offer courses on teamwork and consensus building for educators and service agency representatives.

Florida

The Florida Mental Health Institute in the Department of Child and Family Studies at the University of South Florida has an innovative doctoral leadership program, specializing in research and policy analysis in the area of serious emotional disabilities. The program intends to prepare students as interdisciplinary, systemic researchers and change agents to improve services for children who have serious emotional disability (SED) and their families. The program will address the interdisciplinary approach, the critical role of parents and families in advocating for these children, the conceptual and measurement problems associated with the identification and assessment of children with SED, and the culture and ethnic diversity of this population. This leadership program is a collaborative arrangement between the Hillsborough County Public School District and the Department of Special Education, the Florida Mental Health Institute, and the College of Public Health at the University of South Florida at Tampa. A major portion of the doctoral training will occur in an applied, interdisciplinary and interagency setting for the purpose of developing, implementing, and investigating alternative models for providing quality education and related services for children with SED. Graduates will be prepared for positions on university faculties in special education, in research centers and state government, in joint university and public school positions, and in public schools and provider agencies.

Arizona

Arizona State University (ASU) and the Arizona Department of Youth Treatment and Rehabilitation began a joint endeavor in 1993 to form the Urban Community Service Program with a grant from the U.S. Department of Education. The program will provide support to design, implement, and evaluate a prototype multi-purpose community support program and facility for the most serious youthful offenders in the Phoenix metropolitan area, their families, and the communities in which they live. The partnership provides access to educational opportunities for ASU graduate and undergraduate students including service learning, community service, internships, research apprenticeships, thesis, and dissertations. The project will also encourage faculty to develop integrated programs of research, instruction, and service directed at youth violence, families, communities, and other high priority urban problems exhibited by the target populations.

End Notes

[1] Office of Technology Assessment. (1986). ***Children's mental health: Problems and services: Background paper*** (OTA-BP-H-33). Washington, DC: U.S. Government Printing Office.

Institute of Medicine. (1989). ***Report of a study: Research on children and adolescents with mental, behavioral and developmental disorders.*** Washington, DC: National Academy Press.

[2] Ibid.

[3] National Institute on Drug Abuse. (1991). ***National household survey on drug abuse. Population estimates 1990*** (DHHS Publication. No. ADM 91-1732). Washington, DC: U.S. Government Printing Office.

[4] Rosenburg, M., Smith, J., Davidson, L., & Conn, J. (1987). The emergence of youth suicide: An epidemiologic analysis and public health perspective. ***Annual Review of Public Health, 8***, 417-440.

[5] U.S. Department of Education. (In press). ***Sixteenth annual report to Congress on the implementation of the Individuals with Disabilities Education Act.*** Washington, DC: Author.

[6] Valdes, K., Williamson, C., & Wagner, M. (1990). ***The national longitudinal study of special education students, statistical almanac, Vol. 3: Youth categorized as emotionally disturbed.*** Menlo Park, CA: SRI International.

[7] U.S. Department of Education. (In press). ***Sixteenth annual report to Congress on the implementation of the Individuals with Disabilities Education Act.*** Washington, DC: Author.

[8] Valdes, K., Williamson, C., & Wagner, M. (1990). ***The national longitudinal study of special education students, statistical almanac, Vol. 3: Youth categorized as emotionally disturbed.*** Menlo Park, CA: SRI International.

[9] Koyanagi, C., & Gaines, S. (1993). ***All systems fail: An examination of the results of neglecting the needs of children with serious emotional disturbance.*** Alexandria, VA: National Mental Health Association.

[10] Valdes, K., Williamson, C., & Wagner, M. (1990). ***The national longitudinal study of special education students, statistical almanac, Vol. 3: Youth categorized as emotionally disturbed.*** Menlo Park, CA: SRI International.

[11] Ibid.

[12] Ibid.

[13] U.S. Department of Education. (In press). ***Sixteenth annual report to Congress on the implementation of the Individuals with Disabilities Education Act.*** Washington, DC: Author.

[14] Ibid.

[15] Office of Technology Assessment. (1986). ***Children's mental health: Problems and services: Background paper*** (OTA-BP-H-33). Washington, DC: U.S. Government Printing Office.

Institute of Medicine. (1989). ***Report of a study: Research on children and adolescents with mental, behavioral and developmental disorders.*** Washington, DC: National Academy Press.

[16] Ibid.

[17] U.S. Department of Education. (In press). ***Sixteenth annual report to Congress on the implementation of the Individuals with Disabilities Education Act.*** Washington, DC: Author.

We wish to recognize all of the individuals who provided their valuable time and assistance to the conceptualization and development of this document.

Contributors

Particular thanks to our Project Officer who reviewed and provided comments on several drafts of this document:

Lou Danielson, Director
Division of Innovation and Development
Office of Special Education Programs
U.S. Department of Education
Washington, DC

Special recognition to the following individuals who helped develop this document, many of whom provided careful reviews and valuable critiques:

William Barton
Associate Professor
School of Social Work
Indiana University
Indianapolis, IN

Kathy Bo[illegible]
Co-Director
Center for Law and Education
Cambridge, MA

Sheldon Braaten
Executive Director
Institute for Adolescents
with Behavioral Disorders
Minneapolis, MN

Pamela Casey
Senior Staff Associate
National Center for State Courts
Williamsburg, VA

Kay Cessna
Senior Consultant
Colorado Department of Education
Denver, CO

Kay Cooper
Supervisor of Program Management
Prince William County Schools
Manassas, VA

Martha Coutinho
Associate Professor
Department of Exceptional
& Physical Education
University of Central Florida
Cocoa, FL

Robert DiFerdinando
Director of Special Education Services
South Burlington School District
South Burlington, VT

Al Duchnowski
Deputy Director
Research and Training Center
for Children's Mental Health
University of South Florida
Tampa, FL

Sybil Goodman
Associate Director
CASSP Technical Assistance Center
Georgetown University
Washington, DC

Denise Gottfredson
Associate Professor
Institute of Criminal Justice & Criminology
University of Maryland
College Park, MD

Barbara Huff
President & Parent
Federation of Families
for Children's Mental Health
Alexandria, VA

Richard Hunter
Director of Training
Research & Training Center
on Family Support and Children's Mental
Health
Portland State University
Portland, OR

Mareasa Isaacs-Shockley
Partner
Human Service Collaborative
Washington, DC

Daniel Jordan
Chief of Systems Evaluation
Ventura Mental Health Services
Ventura, CA

James Kauffman
Professor
Department of Curriculum, Instruction,
and Special Education
University of Virginia
Charlottesville, VA

Steven Kukic
State Director of Special Education
Utah State Office of Education
Salt Lake City, UT

Bert L'Homme
Executive Director
City Lights School
Washington, DC

Jonathan McIntire
Special Services Coordinator
Rutland Southwest Supervisory Union
Poultney, VT

Steve Milliken
Director of Special Services
Westside Community Schools
Omaha, NE

Geraldine Muoio
Assistant Superintendent
Fayetteville-Manlius Schools
Manlius, NY

C. Michael Nelson
Professor
Department of Special Education
University of Kentucky
Lexington, KY

David Osher
Senior Researcher & Parent
Chesapeake Institute
Washington, DC

Trina Osher
Children's Policy Consultant & Parent
Takoma Park, MD

Dan Phelan
Director of Special Services
Lake Washington School District
Kirkland, WA

George Pratt
Director
Community Mental Health Services
Norfolk, VA

Ted Price
Program Specialist
National Institutes of Corrections Academy
Longmont, CO

Marge Samels
Parent & Community Coordinator
Center for the Study of Troubling Behavior
University of Maryland
College Park, MD

Ira Schwartz
Dean
School of Social Work
University of Pennsylvania
Philadelphia, PA

Carl Smith
Director
Mountain Plains Regional Resource Center
Drake University
Des Moines, IA

Lee Vargas
Assistant Superintendent for Support Service
Santa Ana Unified School District
Santa Ana, CA

Richard Vitolo
Principal
MacLaren Children's Center School
Los Angeles County, CA

Cynthia Warger
Educational Consultant
Warger, Eavy and Associates
Reston, VA

Photographs on pages 6, 10, 20,
and 70 provided by the Council
for Exceptional Children.
Photographer: Mark Regan.